

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T-G		5/7
O.I.P.E. CLASSIFIER		49	5/25/01
FORMALITY REVIEW	gm	30864	6/29/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)... Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

BEST AVAILABLE COPY

Claim	Final	Original	Date
1	✓	✓	2.15.03
2	✓	✓	2.11.03
3	✓	✓	6.5.03
4	✓	✓	11.2.03
5	✓	✓	11.2.03
6	✓	✓	11.2.03
7	✓	✓	11.2.03
8	✓	✓	11.2.03
9	✓	✓	11.2.03
10	✓	✓	11.2.03
11	✓	✓	11.2.03
12	✓	✓	11.2.03
13	✓	✓	11.2.03
14	✓	✓	11.2.03
15	✓	✓	11.2.03
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46	✓	✓	11.2.03
47	✓	✓	11.2.03
48	✓	✓	11.2.03
49	✓	✓	11.2.03
50	✓	✓	11.2.03

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)

ms
06/29/01